

**Fiscal Year 2021**

**Administration of Psychotropic Medications to Children Act  
A Report to the General Assembly**

**Prepared by**

**The Illinois Department of Children and Family Services**

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**To:** The Governor of the State of Illinois, the Speaker of the Illinois House of Representatives, the President of the Illinois Senate, the Minority Leader of the Illinois House of Representatives, the Minority Leader of the Illinois Senate, Commission on Government Forecasting and Accountability Library (formerly known as the Legislative Research Unit), the Secretary of the Senate, the Acting Clerk of the Illinois House of Representatives, and the Deputy Director of the Illinois State Library Government Report Distribution Center

**From:** The Illinois Department of Children and Family Services

**Date:** December 31, 2021

**Re:** Administration of Psychotropic Medications to Children Act: A Report to the General Assembly for Fiscal Year 2021 (July 1, 2020 - June 30, 2021)

**Office of the Guardian**  
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Public Act 097-0245, the Administration of Psychotropic Medication to Children Act was enacted in Fiscal Year 2011. Among other things, it required that the Department of Children and Family Services (“DCFS”) promulgate final rules, amending its current rules establishing and maintaining standards and procedures to govern the administration of psychotropic medications. Rule 325 “*Administration of Psychotropic Medications to Children for whom The Department of Children and Family Services is Legally Responsible*” was promulgated February 24, 2012.

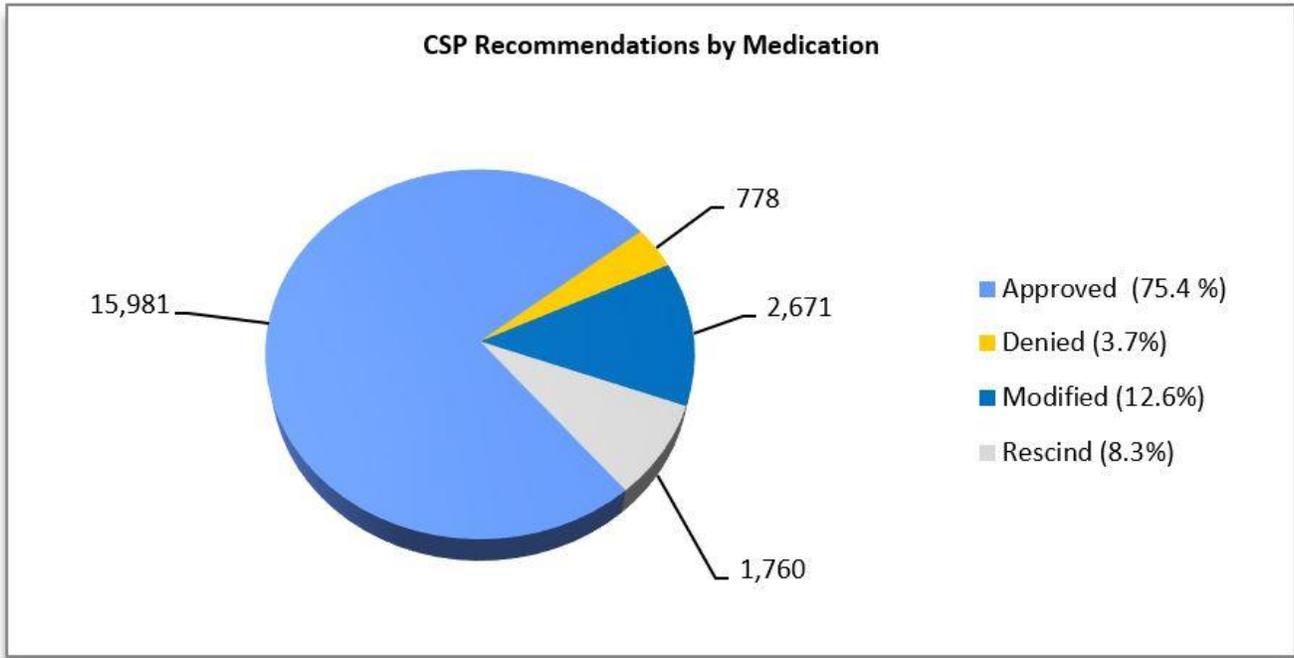
The Act also requires that no later than December 31<sup>st</sup> of each year, the Department shall prepare and submit an annual report covering the previous fiscal year, to the General Assembly concerning the administration of psychotropic medication. The report should include the number of clinicians and facilities that regularly prescribe/administer psychotropic medications to foster children without the consent of the DCFS Guardian, the number of warnings issued to these individuals and the number of physicians and facilities that have been reported to their licensing bodies. The following is the Fiscal Year 2021 report to the General Assembly detailing the actions the Department has taken pursuant to this Act’s requirements.

In Fiscal Year 2021 there were 108 violations of Rule 325 by providers compromising a total of 139 medications. The chart below reflects those violations.

Fiscal Year 21 Report to the General Assembly				
Violations of Rule 325				
	# Youth with Meds out of Compliance	# Meds Out of Compliance	Total # Med Requests	% Compliance
<b>Consent Violations by Providers</b>				
Physicians / Nurse Practitioners <sup>1</sup>	5	7		
Unknown <sup>2</sup>	103	132		
<b>Total Violations<sup>3</sup></b>	<b>108</b>	<b>139</b>	<b>21,190</b>	<b>99.3%</b>
<i>Other Violations not counted against Providers</i>	<i>361</i>	<i>497</i>		
<b>Notice to Physicians / Nurse Practitioners<sup>4</sup></b>				
Warnings Issued	1			
Prescribers issued Warnings	1			
<b>Reports to Regulatory Bodies</b>	<b># Reported</b>	<b>Results</b>		
Physicians reported to IDFPFR	0	NA		
Facilities reported to IDPH	0	NA		
Facilities reported to Licensing	0	NA		
<b>NOTES:</b>				
<sup>1</sup> Violations by providers who prescribed or continued psychotropic medications without consent, or who prescribed a dose beyond the consented range for 5 or more youth in care in the reporting period.				
<sup>2</sup> The computer data is unable to identify all of the providers who prescribed without consents. We have been working on getting weekly payment data from the Department of Healthcare and Family Services to reduce the number of unknown providers and to better monitor use of psychotropic medications. We anticipate having the automated data sharing system operational by the end of calendar year 2022.				
<sup>3</sup> DCFS/UIC have been working with HFS/YouthCare to establish a new protocol to address transitioning the psychotropic medication management to YouthCare which includes reestablishing a real time connection to the DCFS youth Medicaid Payment data feed. This data is critical to the transition to YouthCare in order to access information on prescriptions actually filled at the pharmacy compared with their approvals. Accurate and detailed information about all current medications that a youth is taking enables us to make the best decisions for the safety of the youth when consenting to psychotropic medications. At the onset of the transition to YouthCare in the Fall of 2020, YouthCare, DCFS, and UIC met on a daily basis to iron out issues regarding the processing of consents. As a result, we have worked out the data sharing issues with HFS and anticipate having the automated data sharing system operational by the end of calendar year 2022.				
<sup>4</sup> We have identified situations in which compliance is hindered by factors outside of the prescribing physician's control (e.g. New Youth in Care, New Clinician, Over the Counter Medication taken at home, Placement of the minor in the Department of Corrections.) These violations are no longer counted against the current prescribers, allowing them time to come into compliance and avoid disruptions in treatment.				
<sup>5</sup> DCFS and UIC work directly with HFS to require proof of DCFS consent prior to the dispensing of psychotropic medications, resulting in fewer medications being administered without consent. In addition, DCFS has entered into ongoing relationships with several of the physicians with prior violations, bringing them into compliance and ensuring continued adherence with the law.				

Of the 21,190 psychotropic medication consent requests submitted for approval in Fiscal Year 21, 75.4% were approved as written, 12.6% were approved as modified, 8.3% were rescinded by the provider and 3.7% were denied.

**UIC Clinical Services in Psychopharmacology**  
**Quarterly Report: July 2020 - June 2021**



Recommendation	
Approved (75.4 %)	15,981
Denied (3.7%)	778
Modified (12.6%)	2,671
Rescind (8.3%)	1,760
<b>Total</b>	<b>21,190</b>

There are no recommendations for legislative changes or amendments to any of its rules or procedures established or maintained in compliance with this Act.